

Dodge County Revolving Loan Fund Application



Administrator
Dodge County Land Resources and Parks Department



To Applicant:

Attached is the application needed to be considered for the Dodge County Revolving Loan Fund. The fund is administered by the Dodge County Land Resources and Parks Department staff which has its contact information listed below.

Every effort has been made to keep the application and the document process as simple as practical while still collecting a minimum amount of information to help us to make an informed decision. In certain instances additional information and fact checking may become necessary. Submitting an application does not mean that you will receive any funding or, if approved, that you will receive the amount requested. If your application is recommended for approval by the Dodge County Revolving Loan Advisory Committee, a loan initiation fee of \$400 plus \$2/\$1,000 borrowed must be submitted prior to forwarding the application to the Dodge County Planning, Development and Parks Committee for consideration.

In addition, we may be working with additional funding sources such as the Wisconsin Economic Development Corporation and may be discussing the project and the application with them. In fact, we have developed our application which closely follows Wisconsin Economic Development Corporation's *Prospect Data Sheet*. This will allow you to easily complete both applications with the same information.

If you have any questions about the application or the policies and procedures, please feel free to contact me:

Dodge County Land Resources and Parks Department
127 East Oak Street
Juneau, WI. 53039

Phone - 920.386.3948
Email - nolson@co.dodge.wi.us

Dodge County Revolving Loan Fund Application

Administrator: Dodge County Land Resources and Parks Department

TO BE COMPLETED BY DODGE COUNTY STAFF ADMINISTERING THE RLF:				
Date Received:	By:	Current RLF Fund Bal:	Other Programs:	Staff:

SECTION I-PROSPECT/APPLICANT INFORMATION	
Type of Business: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit	
Legal Name: 	
Trade Name:	
Address:	
City, State, Zip:	County:
FEIN #: <small>(Federal Employee Identification Number -Tax ID or Social Security Number)</small>	State of Organization: <small>(Per Articles of Incorporation/Organization)</small>
WWW:	
Tele. #:	Fax #:
CEO Name:	CEO Title:
<i>Individual to Contact Regarding Questions about the Company:</i>	
Co. Contact:	Title:
Email Address:	
Tele. #:	Fax #:
Address:	
City, State, Zip:	
<i>Individual to Contact Regarding Questions about the Project:</i>	
Project Contact:	Title:
Email Address:	
Tele. #:	Fax #:
Address:	
City, State, Zip:	

SECTION II-BUSINESS INFORMATION	
Date Established:	SIC or NAICS:
Minority Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the Minority Classification is: <input type="checkbox"/> Eskimo <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African American	
Women Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned by a Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Country: _____ % of ownership: _____	
Primary Product or Service:	
<div style="display: flex; justify-content: space-between;"> Total Company Employment: Full Time: Part Time: </div>	
<div style="display: flex; justify-content: space-between;"> Total Wisconsin Employment: Full Time: Part Time: </div>	
<div style="display: flex; justify-content: space-between;"> Total Project Location Employment: Full Time: Part Time: </div>	
% of Project Location Full Time Employees that are WI Residents:	
Provide the Following for All Other Existing Wisconsin Operations: <div style="display: flex; justify-content: space-between;"> Address (Street, City, Zip): Number of Full Time Employees: </div>	

SECTION III-PROJECT INFORMATION									
Project Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:							County:		
Project Street Address					Square Footage of Project Facility (ft²):				
Brief Project Summary:									
SECTION IV-PROJECT TIME-LINE									
Secure all financing by:					Break ground/lease by:				
Begin production by:					Achieve full production by:				
SECTION V-PROPOSED PROJECT BUDGET									
USES OF FUNDING (equip, bldg, work cap, training, etc.)		SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.)				TOTAL			
		From this Application	SOURCE #1 NAME:	SOURCE #2 NAME:	SOURCE #3 NAME:				
						\$			
						\$			
						\$			
						\$			
						\$			
TOTAL		\$	\$	\$	\$	\$			
<i>* Please provide the following for the sources listed above</i>									
Source	Source Name:		Contact Name:		Contact Title	Email Address		Phone Number	
1.									
2.									
3.									
SECTION VI-PROJECTED EMPLOYMENT Full Time Positions Only (2,080 hours/year)									
Existing Positions		Position Title		Positions Created					
Avg. Hourly Wage	Number of Existing			Year One		Year Two	Year Three	Total	
				Avg. Starting Hourly	Number Created	Number Created	Number	Number Created	
		TOTAL							
SECTION VII-BENEFIT INFORMATION									
Check if Health Insurance Provided to Employees:					<input type="checkbox"/> None		<input type="checkbox"/> Individual		<input type="checkbox"/> Family
Percent of Health Insurance Premium Paid by Company:							%		%
Average Deductible Paid by Employee:							\$		\$
Other Benefits Provided to the Majority of the Workforce: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> Childcare <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Other: (Specify)									
Will new employees be provided with substantially the same benefits as described above: <input type="checkbox"/> Yes <input type="checkbox"/> No									

SECTION VIII-OWNERSHIP INFORMATION (unless publicly owned)				
Name: (First, Middle Initial, Last)		Phone Number	Personal Financial Statement Attached	Ownership %*
1.			<input type="checkbox"/> YES	%
2.			<input type="checkbox"/> YES	%
3.			<input type="checkbox"/> YES	%
4.			<input type="checkbox"/> YES	%
5.			<input type="checkbox"/> YES	%
All Others:				%

*Personal Financial Statements are required for all owners with 20% or more. We may review information from any source including a Dun and Bradstreet report and delinquent tax filings on the applicant. The loan administrator may also review a personal credit report and delinquent tax filings on each individual that owns 20% or more.
100%

SECTION IX-LEGAL INFORMATION*	YES/NO
Has the applicant, any owner, officer, subsidiary or affiliate been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any owner, officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any owner, officer, subsidiary or affiliate had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant, any owner, officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses.	
*An Application will be deemed ineligible and denied based on the falsification of information	

SECTION X-MARKET INFORMATION	
THREE MAJOR CUSTOMERS:	% OF SALES
1.	
2.	
3.	
THREE MAJOR COMPETITORS	LOCATION (City and State)
1.	
2.	
3.	

SECTION XI-SUMMARY OF HISTORICAL FINANCIAL INFORMATION			
FYE	/ /	/ /	/ /
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

SECTION XII-SUMMARY OF PROJECTED FINANCIAL INFORMATION			
FYE	/ /	/ /	/ /
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

ATTACHMENT A
SUPPORTING DOCUMENTATION

BUSINESS PLAN

All start-ups or businesses less than 3 years old must submit an up-to-date comprehensive business plan that fully describes the proposed project. We reserve the right to require an up-to-date comprehensive business plan for all projects.

NOTE: If you do not currently have a Comprehensive Business Plan, there are resource centers available that may be able to help create one and/or help finance a portion of the costs incurred to develop one. Resources available include: Wisconsin Economic Development Corporation (WEDC) - <http://inwisconsin.com/>, Madison Region Economic Partnership (MADREP) - <http://madisonregion.org/>, Glacial Heritage Development Partnership - <http://icedc.net/>, and the Small Business Development Center (SBDC) - <https://www.wisconsinsbdc.org/>.

COMPANY INFORMATION

Check the appropriate box if the information is detailed in your business plan or attached:

**Business Plan
Dated:**

/ /

Attached

INFORMATION NEEDED

- ☐ History of the company's operations
- ☐ Resumes or short summaries of the current management team that detail relevant experience, education and length of time with the company
- ☐ Description of any affiliates or subsidiaries
- ☐ Description of the market niche for the company's product or service
- ☐ A detailed description of the proposed project including environmental remediation
- ☐ Three years of historical financial statements that include:
 - balance sheets
 - cash flow statements
 - income statements
 - accountant's notes
- ☐ Most recent quarterly financial statements if the year-end was more than 90 days prior to submission
- ☐ Three years of financial projections that include:
 - balance sheets
 - cash flow statements
 - income statements
 - detailed notes on all significant accounting assumptions usedThe first year should be presented on a monthly basis so that we can analyze the applicant's working capital needs.
(Not Applicable for those projects only looking for training funds)
- ☐ All individuals that own 20% or more of the company must submit a signed and dated personal financial statement.
- ☐ Copies of commitment letters outlining the terms of other funding sources in the project budget and a copy of the credit/loan presentation from primary lender.

**ATTACHMENT B
CERTIFICATION STATEMENT**

THE APPLICANT:

1. Certifies that to the best of its knowledge and belief, the information being submitted to is true and correct.
2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. Certifies that Dodge County is authorized to obtain a credit check and Dun and Bradstreet on the applicant, the business and/or the individual(s).
5. Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.
6. Understands that unless it qualifies as trade secret, all information submitted is subject to Wisconsin's Open Records Law.

The applicant requests that the following items are to be treated as **TRADE SECRET**:

	Yes	No	NA
A. Personal financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Plan or study to be funded by Commerce.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 6 is left blank then all information provided will be open to examination and copying.

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)

ATTACHMENT C

PERSONAL INFORMATION

(Please complete for each individual that owns 20% or more of the company.)

Submitted to:

Dodge County Land Resources and Parks Department, 127 E. Oak St. Juneau, Wisconsin 53039

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

LEGAL INFORMATION*	YES/NO
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail on any YES responses:	

Applicant understands submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

Applicant Signature

Date